



**Dan Bucks**  
Director

# Montana Department of Revenue



**Brian Schweitzer**  
Governor

## Tax Year 2006

### Montana E~File Vendor Registration

Please complete this Vendor Registration if you will develop software to electronically file Individual Income Tax returns for the State of Montana. Return the completed registration form to the contact information below.

|                  |  |
|------------------|--|
| Company Name     |  |
| Name of Product  |  |
| Address          |  |
| City, ST and Zip |  |
| Contact Person   |  |
| Phone Number     |  |
| Fax Number       |  |
| Email address    |  |
| Production ETINS |  |

Please indicate which electronic banking options your organization will support.

|  |   |
|--|---|
|  | Direct Deposit  |
|  | Direct Debit (option is available for entire filing season through October) |

Will you support Montana with a free Free File Alliance return?

|  |  |
|--|--|
|  | Free Montana return using the Free File Alliance |
|--|--|

The Long Form and associated schedules are located in the unformatted record. The new Montana Forms 2M and 2EZ are formatted in the generic record. In order to file a complete and correct TY2006 Long Form all schedules must be supported by software developers. Those forms and schedules that are required for TY2006 are in bold and blue in the chart below. It is strongly suggested that all forms that are supported for electronic filing be supported by software developers. However, at this time there are no mandates for what has to be supported. Because of the increased size of the record layouts Montana now has four digits sequence numbers for those forms and schedules in the unformatted record. Montana requires that all four digits of the sequence number be sent in the unformatted records. Please indicate which forms your organization will support for TY2006 and fax or email it back to the contact information below.

|  |   |                 |
|--|---|-----------------|
|  | Form 2M   | New for 2006    |
|  | Form 2EZ  | New for 2006    |
|  | <b>Form 2 (Long Form)</b>   | <b>Required</b> |
|  | <b>Form 2, Pg 3 – Schedule I (Montana Additions to FAGI)</b>                        | <b>Required</b> |
|  | <b>Form 2, Pg 4 – Schedule II (Montana Subtractions to FAGI)</b>                    | <b>Required</b> |
|  | <b>Form 2, Pg 5 – Schedule III (Montana Itemized Deductions)</b>                    | <b>Required</b> |
|  | <b>Form 2, Pg 6 – Schedule IV (Nonresident/Part Year Resident Tax)</b>              | <b>Required</b> |
|  | <b>Form 2, Pg 7 – Schedule V (Montana Tax Credits)</b>                              | <b>Required</b> |
|  | <b>Form 2, Pg 8 – Schedule VI (Full Year Credit for Tax Paid to Another State)</b>  | <b>Required</b> |
|  | <b>Form 2, Pg 8 – Schedule VII (Part Year Credit for Tax Paid to Another State)</b> | <b>Required</b> |
|  | <b>Form 2, Pg 9 – Schedule VIII (Reporting of Special Transactions)</b>             | <b>Required</b> |
|  | Form 2EC – Elderly Homeowner/Renter Credit  |                 |
|  | Form QEC – Qualified Endowment Credit   |                 |
|  | Form CC – College Contribution Credit   |                 |
|  | Form ENRG-A – Geothermal Energy Systems Credit                                      |                 |
|  | Form ENRG-B – Alternative Energy Systems Credit                                     |                 |
|  | Form ENRG-C – Energy Conservation Installations Credit                              |                 |
|  | Form EST-I – Underpayment of Estimated Tax  |                 |
|  | Form SS – Social Security Worksheet   |                 |
|  | Form AFRC – Alternative Fuel Credit   |                 |
|  | Form DCAC – Dependent Care Assistance Credit  |                 |
|  | Form DS-1 – Disability Income Exclusion   |                 |
|  | Form 2441-M – Child and Dependent Care Expense Deduction                            |                 |
|  | Form ECC – Elderly Care Credit  |                 |
|  | Form IND – Indian Certification   |                 |
|  | Form RCYL – Recycle Credit/Deduction  |                 |

### **E~File Coordinator:**

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### **Address:**

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